

# When Courts Disagree with Clinicians: An Investigation with High-risk Youth

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Adolescents with Illegal Sexual Behavior (AISB) are responsible for a substantial number of sex crimes; however, the vast majority do not go on to reoffend as adults (Chaffin, 2008). AISB undergo extensive, progression-based rehabilitation before a secondary evaluation by the courts. As a progression-based rehabilitation, youth complete treatment only after clinicians observe significant improvement in the adolescent and deem them safe to return to their communities. Thanks in part to the success of this rehabilitation, recidivism rates for AISB fall consistently under three percent five years following adjudication (Cardwell, 2016). In addition to their low likelihood of reoffense, youth are also in a critical developmental period. Adolescents subject to the registry are more likely to experience harassment, adverse physical and mental health outcomes, and trouble maintaining stable housing (Harris et al., 2016). Therefore, it is imperative that the Juvenile Court System subject adolescents to the registry only in the extreme cases deemed appropriate by trained clinicians.

Using a wholistic report from a clinical team postrehabilitation, the courts assign a risk level to each adolescent. This risk level helps to determine whether the adolescent will be on the Juvenile Sex Offender Registry. Through the Sex Offender Registration and Notification Act (SORNA), states are incentivized to utilize a public, juvenile sex offender registry for adolescents 14 years of age or older if the offense was at least as severe as the federal crime of aggravated abuse (81 Fed. Reg. 50552). This study aims to investigate the relationship between the Alabama Juvenile Court System and a clinical team's recommendation regarding AISB.

The clinical team recommendations assessed in this

study were given by a team of trained mental health professionals, representing a thorough evaluation of each adolescent. Evaluations are provided to the presiding juvenile court to help determine youth registry and public notification guidelines. Our sample is comprised of 86 male AISB who completed a court-mandated residential treatment program, the Accountability-Based Sex Offense Prevention Program (ABSOPP) between the years 2018 and 2022. To operationalize the degree of agreement between clinical team recommendations and court outcomes, risk assessment reports from the clinical team and juvenile courts records were assessed. Court files containing the corresponding risk level for each adolescent were obtained through the Alabama Department of Youth Services. The clinical team provided an evaluation of risk at "Low," "Medium," or "High," while the court evaluations ranged from "N/A," "Exempt," "Low," "Medium," or "High." A rating of N/A signifies the type of offense was not under consideration for the Juvenile Registry, while "Exempt" signifies the offense was under consideration, but the Juvenile Court ultimately determined the youth exempt from any registration.

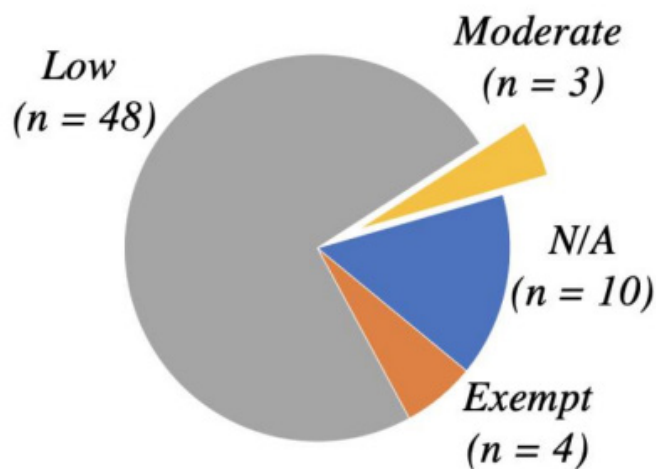
Additional demographic data were coded from the Clinical Risk Assessment Files, including Age, Length of Stay, DSM Diagnoses, Trauma History, and Number of Trusted Friends. For this population of AISB, the average age of entry was 15.67 years. The average length of stay was 1.80 years. 68.6% reported a history of Trauma and half the population was given a DSM diagnosis. Of those with DSM diagnoses, 27.91% were diagnosed with a depressive disorder, 6.98% an anxiety disorder, and 23.26% for PTSD. The high rates of internalizing symptoms are consistent with previous studies on AISB (Seto & Lalumière, 2010). Additionally, 18.3% reported

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feeling as if they had no one in their lives they could trust.

As expected in a progression-based rehabilitation program, the clinical team gave each of the outgoing adolescents a risk level of “Low.” The court assigned risk level for each adolescent is represented in Figure 1. With only three cases identified by the courts as higher risk than recommended by the clinicians, there was over 95% agreement between juvenile courts in Alabama and the clinical team. Of the three AISB who were assigned a Risk Level above the clinical recommendation, all ranged from 17 to 18 years of age, and each displayed some form of significant externalizing behavior during their time at the residential correctional facility. One case continued to deny the offense happened which may have not favored well with the judge. Among the three, there was no common county or jurisdiction. Additionally, there was no common thread between offense type, race, DSM diagnosis, or trauma history.



**Fig. 1** Court Assigned Risk Levels

Investigating the instances where courts disagree with trained clinicians can give better insight into the rationale of the court, translating to a fairer court system where professionals are trusted, and harmful prejudices are ignored. This study suggests the Alabama Juvenile Court System consistently values the opinions of clinicians regarding AISB. Due to the relatively small percentage of disagreement between the clinical team and courts among this population, it is recommended that future investigations incorporate a larger sample size to obtain a more comprehensive understanding of potential disparities.

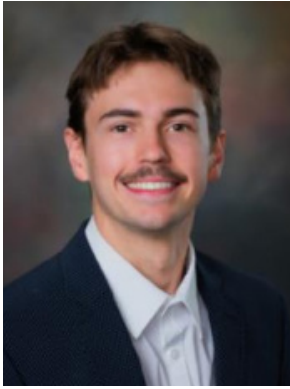
## Statement of Research Advisor

Cam's research was supported by a more than 20-year public partnership with the Alabama Department of Youth Services and Auburn University. He has been a part of the Juvenile Delinquency Lab for a year and a half. During which time, he has presented at the Southeastern Psychological Sciences Annual Meeting, as well as at the Association for the Treatment of Sexual Abusers Annual Conference. He has advocated for juvenile registry reform with US Congressional representatives, Senators Katie Britt and Tommy Tuberville of Alabama. - Kelli R. Thompson, Department of Psychological Sciences, College of Liberal Arts

## References

- [1] Caldwell, Michael F. "Quantifying the Decline in Juvenile Sexual Recidivism Rates." *Psychology, Public Policy, and Law*, vol. 22, no. 4, 2016, pp. 414–426., <https://doi.org/10.1037/law0000094>. Journal Paper.
- [2] Chaffin, M. (2008). Our minds are made up—Don't confuse us with the facts: Commentary on policies concerning children with sexual behavior problems and juvenile sex offenders. *Child maltreatment*, 13(2), 110-121. Journal Paper
- [3] Harris, A. J., Walfield, S. M., Shields, R. T., & Letourneau, E. J. (2016). Collateral Consequences of Juvenile Sex Offender Registration and Notification: Results From a Survey of Treatment Providers. *Sexual Abuse*, 28(8), 770–790. Journal Paper
- [4] Seto, M. C., & Lalumière, M. L. (2010). What Is So Special About Male Adolescent Sexual Offending? A Review and Test of Explanations Through Meta-Analysis. *Psychological Bulletin*, 136(4), 526–575. Journal Paper
- [5] Supplemental Guidelines for Juvenile Registration Under the Sex Offender Registration and Notification Act, 81 Fed. Reg. 50552 (August 1, 2016) Federal Register

## Authors Biography



Cameron Tice is a Junior pursuing a degree in Biomedical Sciences at Auburn University. Cam was selected as a College of Liberal Arts Undergraduate Research Fellow for 2022-2023. He has also represented Auburn University proudly in NCUR's Scholars Transforming through Research program and as a 2023 Goldwater Scholar.



Kelli R. Thompson is an Assistant Research Professor in the Department of Psychological Sciences. Her lab specializes in applied clinical research. She is an undergraduate alumna from Auburn and has a Master of Divinity from Fuller Theological Seminary and a doctoral degree from the University of New Orleans.



Kathryn Babbitt is a junior pursuing a degree in Psychology on the Honors Track at Vanderbilt University. She has been involved with Auburn's Juvenile Delinquency Lab for one year. At Vanderbilt, she is a member of the Park Clinical Neuroscience Lab researching schizophrenia and other psychotic disorders. Following graduation, she plans to pursue her Ph.D. in clinical psychology.